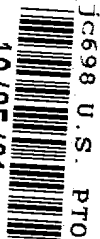


12/05/01





J1046 U.S. PTO

12-07-01

A

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</small>	Attorney Docket No.	A-7446
	First Inventor or Application No.	PLOURDE
	Title	DISK DRIVER CLUSTER MANAGEMENT OF TIME SHIFT BUFFER WITH FILE ALLOCATION TABLE STRUCTURE
	Express Mail Label No.	EV038882061US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>75</u>]	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>35</u>]	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:	
17. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below	
Name	
Address	05642
City	PATENT & TRADEMARK OFFICE
Country	Telephone
	Zip Code
	Fax

Name (Print/type)	KELLY A. GARDNER	Registration No. (Attorney/Agent)	35,147
Signature		Date	DECEMBER 5, 2001

Docket No.: A-7446

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: PLOURDE
DOCKET NO.: A-7446
TITLE: DISK DRIVER CLUSTER MANAGEMENT OF TIME SHIFT
BUFFER WITH FILE ALLOCATION TABLE STRUCTURE

DECEMBER 5, 2001

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
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Arlington, VA 22202

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.


	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	6	3	3	\$ 84.00	\$252.00
Total Claims	56	20	36	\$ 18.00	\$648.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$740.00	\$740.00
Total Filing Fee					\$1,640.00

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SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.518
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By:


KELLY A. GARDNER
Attorney of Record
Reg. No.: 35,147
Phone: (770) 236-7866
Fax No.: (770) 236-4806

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Maryellen Licker